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## EJVES Extra Abstracts<sup>☆</sup>

### Mycotonic Aneurysm of the Carotid Artery Following Streptococcal Angina

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**Introduction.** Mycotic aneurysm of the carotid artery is a rare but potentially life-threatening event.

**Report.** A 53-year-old man developed a painful mass in the left neck after correct treatment of a streptococcal angina. Duplex ultrasound and magnetic resonance angiography confirmed a mycotic aneurysm of the internal carotid artery. Management consisted of clinical observation, systemic antibiotics, and daily duplex ultrasound evaluations.

**Discussion.** To our knowledge, this is the first report of mycotic aneurysm of carotid arteries managed conservatively. Although conservative management is not the first-choice therapy, in our case, surgery or stent grafting of the mycotic aneurysm of the carotid artery was avoided.

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### Case Report: A Rare Orientation of Femoral Artery and Vein

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**Introduction.** We report the case of a rare orientation of femoral artery and vein in a 51-year-old female patient undergoing routine varicose vein surgery.

**Report.** Intra-operatively, the superficial femoral artery was found to be traversing the sapheno-femoral junction and running *medial* to the common femoral vein.

**Discussion.** This variant has only previously been described once in the literature and in addition to being of general anatomical interest, it serves as a reminder that even the most seemingly constant of vascular landmarks can occasionally be subject to marked variability.

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### Disseminated Intravascular Coagulopathy Caused by Endoleak Type I: Successful Treatment by Endovascular Stent-graft Extension

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**Introduction.** We present a case with acute DIC probably caused by a type I endoleak after endovascular aneurysm repair (EVAR).

**Case report.** An 84-year-old male underwent elective EVAR of a 7 cm sized infrarenal aortic aneurysm and developed five months later an acute DIC associated with an endoleak type I. After successful endovascular stent-graft extension the DIC resolved.

**Discussion.** Endoleak type I is not described to be related to DIC, however as the endovascular stent-graft extension did abolish both, endoleak and the DIC in our case. We therefore suggest that a type I endoleak can cause acute DIC.

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### A Cautionary Tale; New Onset Claudication Following Percutaneous Femoral Artery Closure

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**Introduction.** We report new onset claudication in a previously healthy subject in whom access site haemostasis was achieved by Angioseal<sup>®</sup>. This iatrogenic injury occurred from failure of the Angioseal plug to resorb completely resulting in vascular stenosis and classical lower limb claudication requiring endarterectomy.

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